SS point). The clinical SS was superior to baseline SS in predicting 3-year POCE (AUC: 0.595 vs. 0.649, p=0.008). In subgroup analysis, baseline SS was a predictor for POCE only in multi-vessel diseases (HR 1.027, 95% CI 1.001-1.054, p=0.042 per SS point).
Conclusions: CR is an independent predictor of 3-year POCE in patients receiving PCI. However, even after CR is achieved to make the post-PCI SS zero, baseline SS still has predictive value of 3-year clinical outcomes. Moreover, the predictivity is was superior in multi-vessel diseases.

TCT-99

Clinical outcome, safety, patient satisfaction and costs savings of same-day discharge for elective percutaneous coronary intervention

Beatriz Samaniego[1], Jose Miguel Vegas[1], Iñigo Lozano[1], Juan Rondan Murillo[1], Hernandez Ernesto[1], Victor Leon[1]
[1]Hospital de Cabueñes, Gijon, Spain

Background: Overnight admission after elective percutaneous coronary intervention(PCI)still constitutes the standard approach in most interventional cardiology centers. Advances in PCI techniques have reduced the incidence of post-procedure complications. The objective of this prospective,single-center study was to assess the feasibility, safety, acceptance and cost savings of same-day discharge PCI program.
Methods: Eligibility for outpatient management was assessed in 95 consecutive patients undergoing elective PCI from January 2013 to April 2014. Exclusion criteria for early discharge were age>80, severe renal failure, LVEF< 35%, distance from home to hospital >40 km, high risk coronary anatomy or complications during procedure. Major adverse cardiac events,vascular complications and readmission were assessed 1-day and 1-month post discharge. Troponin, EKG and a satisfaction survey were collected within 24 hours post PCI scheduled visit.
Results: 39 patients (41%) were cleared for discharge. The remaining 56(59%) stayed overnight for high risk coronary anatomy (n=51, 91%), chest discomfort (n=4, 7%) or treatment with abciximab (n=1, 2%). Mean post PCI hospital stay was 8:48 h for outpatients group. None patient was readmitted. There were no vascular complications. EKG collected in 24-hours-visit show non-specific changes in 3 patients. 7 patients hd troponin elevation without angina or EKG ischemic changes. After one-month follow up only 2 patients had adverse events: a bare metal stent thrombosis (day 7 after procedure) and 1 gastrointestinal bleeding with diagnosis of colonic cancer. These complications could not have been avoided with overnight hospital admission. Early discharge was well valuated with mean patient satisfaction score of 4,5±0,5 (1 to 5). 87% of outpatients would choose early discharge in case of new PCI. Using diagnosis-related groups costs established in our institution, there were lower cost in the early discharge group, with a mean cost of 2.480 vs 2.880 Euro in the routine care group. Mean of expense savings was 16%.
Conclusions: In our experience same-day discharge after elective PCI is feasible, safe and well accepted in selected patients and results in a cost-saving strategy.

TCT-100

Long Term Clinical And Angiographic Outcomes With Everolimus-Eluting Stents For Cardiac Allograft Vasculopathy

Boris Arbit[1], Christopher T. Vanichsarn[1], David Chang[2], Jignesh Patel[2], Raj Makkar[1], Jon Kobashigawa[2], Babak Azarbal[2]
[1]Cedars-Sinai Medical Center, West Hollywood, CA, [2]Cedars-Sinai Heart Institute, Beverly Hills, CA

Background: Transplant coronary artery disease (TCAD) is a major cause of mortality in patients after orthotopic heart transplantation (OHT). Use of systemic everolimus has been shown to help prevent allograft vasculopathy in OHT patients. This study examined the clinical and angiographic efficacy, safety, and clinical outcomes of Xience V, a second-generation everolimus-eluting stent (EES), in patients with TCAD.
Methods: Post-OHT patients with hemodynamically significant CAD (left main ≥50% or angiographic diameter stenosis ≥70%) underwent percutaneous coronary intervention (PCI) with EES. We examined procedural success rates, one- and two-year mortality, and myocardial infarction rates. Primary end-point was target lesion revascularization (TLR). Surveillance angiography was performed at 1 year and subsequently as clinically indicated on a per-patient basis. Quantitative coronary angiography (QCA) was used for stenosis analysis at baseline, post-procedure, and follow-up.
Results: 23 patients were included in the study. PCI was performed in 43 lesions with 45 denovo EES placed. 2 stents were placed into the left main, 20 in the left anterior descending, 12 in the right coronary, and 9 in the left circumflex artery. The average stent length was 17.1±6.2mm and the average stent diameter was 2.9±0.6mm. Procedural success rate was 100%. All patients received angiographic follow-up, with average length of follow-up 709±348 days. There were no peri-procedural, 1-year, or 2-year deaths/ MIs. Binary restenosis events were 5.57% (3/45). Target vessel revascularization (TVR) rate was 16.7% (5/30), and TLR rate was 6.98% (3/43).

Number of patients	23			
Number of lesions treated	43			
Number of stents	45			
Stent diameter (mm)	2.9±0.6			
Stent length (mm)	17.1±6.2			
Length of follow-up (days)	709±348			
MI/mortality on follow-up	0			
Binary restenosis	5.57% (3/45)			
Target vessel revascularization	16.7% (5/30)			
Target lesion revascularization	6.98% (3/43)			
Quantitative coronary angiography (QCA)				
	Pre-procedure	Post-procedure	Follow-up	p-value
RVD (mm)	2.66±0.79	2.89±0.75	2.82±0.71	<0.05
Diameter stenosis (%)	74.9±15.9	8.08±3.63	11.1±6.67	<0.0001
MLD (mm)	0.65±0.34	2.65±0.67	2.49±0.63	<0.0001

Conclusions: Long term follow-up of EES placements in OHT patients with TCAD are associated with a very low incidence of target lesion revascularization. Continued follow-up and further studies are indicated to determine whether EES can positively affect the progression and overall outcome of TCAD.

TCT-101

Prognostic role of restenosis in 10,004 patients undergoing routine control angiography after coronary stenting

Salvatore Cassese[1], Robert Byrne[1], Stefanie Schulz[1], Petra Hoppmann[2], Tareq Ibrahim[2], Ilka Ott[1], Massimiliano Fusaro[1], Heribert Schunkert[1], Karl-Ludwig Laugwitz[2], Adnan Kastrati[1]
[1]Deutsches Herzzentrum, Munich, Germany, [2]1. Medizinische Klinik, Klinikum rechts der Isar, Munich, Germany

Background: Routine control angiography is a valuable tool with high-sensitivity in detecting restenosis after coronary stenting. However, the prognostic role of restenosis is still controversial. We investigated the impact of restenosis on 4-year mortality in patients undergoing routine control angiography after coronary stenting.
Methods: All patients undergoing successful implantation of coronary stents for de novo lesions from 1998 to 2009 and routine control angiography after 6 to 8 months at 2 centres in Munich, Germany were studied. Restenosis was defined as diameter stenosis ≥50% in the in-segment area at follow-up angiography. The primary outcome was 4-year mortality.
Results: This study included 10,004 patients with 15,004 treated lesions. Restenosis was detected in 2,643 (26.4%) patients. Overall, there were 702 deaths during follow-up. Of these, 218 deaths occurred among patients with restenosis and 484 deaths occurred among patients without restenosis (unadjusted hazard ratio - HR 1.19; [95% confidence interval - CI 1.02 to 1.40]; p= 0.03). The Cox proportional hazards model adjusting for other variables identified restenosis as an independent correlate of 4-year mortality (HR 1.23; [95% CI 1.03 to 1.46]; p= 0.02). Other independent correlates of 4-year mortality were age (for each 10-year increase, HR 2.34; [95% CI 2.12 to 2.60]; p< 0.001), diabetes mellitus (HR 1.68; [95% CI 1.41 to 1.99]; p< 0.001), current smoking habit (HR 1.39; [95% CI 1.09 to 1.76]; p= 0.01) and left ventricular ejection fraction (for each 5% decrease, HR 1.39; [95% CI 1.31 to 1.48]; p< 0.001).
Conclusions: In this large cohort of patients with routine control angiography after coronary stenting the presence of restenosis was a strong independent predictor of 4-year mortality.

TCT-102

Incidence Of Angina And Chest Pain Following Percutaneous Coronary Intervention: A Retrospective Analysis Using Administrative Claims Data In The United States

Ori Ben-Yehuda[1], Machaon Bonafede[2], Mark Hlatky[3], Sally Wade[4], Susanne F. Machacz[5], Leslie Stephens[5], John B. Hernandez[5]
[1]Cardiovascular Research Foundation, New York, United States, [2]Truven Health Analytics, Cambridge, MA, [3]N/A, Stanford, California, [4]Wade Outcomes Research and Consulting, Salt Lake City, UT, [5]Abbott Vascular, Santa Clara, CA

Background: Chest pain and angina have negative impact on patient quality of life and medical costs. Real-world data describing the incidence of recurrent angina, chest pain and their impact on re-intervention following percutaneous coronary intervention (PCI) are scarce. We sought to describe the incidence and impact of post-PCI angina and chest pain using real-world data from a large claims database.